

# SOUTH JORDAN CITY

1600 W. TOWNE CENTER DRIVE City Offices: Fax:  
SOUTH JORDAN, UTAH 84095 (801) 254-3742 (801) 253-5214



## EMPLOYMENT APPLICATION

1. Position You Are Applying For: \_\_\_\_\_ 2. Date: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Last First Middle
4. Address: \_\_\_\_\_  
Street Address City State Zip
5. Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ 6. Soc. Sec. No.: \_\_\_\_\_
7. Type Of Work Acceptable:  
Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Night Shift \_\_\_\_\_ Rotating Shift \_\_\_\_\_ On-Call \_\_\_\_\_
8. Do You Have A Valid Driver's License? No \_\_\_\_\_ Yes \_\_\_\_\_ State: \_\_\_\_\_ Number \_\_\_\_\_  
Type Or Class \_\_\_\_\_
9. Are You Related To Any Person Employed By South Jordan City? No \_\_\_\_\_ Yes \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_ City Position: \_\_\_\_\_
10. Have You Ever Worked For South Jordan City? No \_\_\_\_\_ Yes \_\_\_\_\_ Give Dates & Position(s): \_\_\_\_\_
11. Have You Ever Been Convicted Of An Offense Other Than A Minor Traffic Offense?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Please Explain The Nature Of The Offense \_\_\_\_\_

12. Education:

	Name & Location	Major/Minor	Dates Attended	Did You Graduate?	List Type of Degree
High School				Yes _____ No _____*	
Vocational or Special Training				Yes _____ No _____	
College or University				Yes _____ No _____	
Graduate School				Yes _____ No _____	

\*If No, Do You Have A High School Equivalency? GED, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

13. Applicable Skills Such As Shorthand, Computer Literacy, Heavy Equipment Operator, etc.:

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- 14.** Professional License or Certificate, if required: (Applicants for Police Officer positions must be Utah Category I Certified or Certifiable. Officers claiming certification need to list date issued, session, and location of certification):

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- 15.** Experience: (Start with your present or last job. Include any military job-related service assignments and volunteer activities. You may attach a résumé or other relevant documents to further describe your experiences.)

Name of employer:		Address:		Phone:	
Dates of employment: From: To:		Title of position		Monthly Salary From: To:	
Supervisor:		Reason for leaving:			
Describe your duties:					

  

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- 16.** May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

- 17.** Are you at least 16 years old? Yes \_\_\_\_ No \_\_\_\_

#### CERTIFICATION OF APPLICATION

I certify that this application contains no misrepresentation or falsifications and the information given by me is true and complete to the best of my knowledge. I also agree to authorize the release of any and all information from previous employers regarding my employment. I also authorize South Jordan City to make any investigation necessary to verify the information contained in this application, related papers, and/or statements made in the interviewing process. Any misrepresentation or falsification may subject me to disqualification or dismissal.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_